

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO. 101666834 FILING DATE

APPLICANT(S)

475106

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1		/				
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50		/				
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

TOTAL IND. 1 TOTAL DEP. 76 TOTAL CLAIMS 76